

PATENT AND TRADEMARK OFFICE
OCT 26 2004
PTO-85 (Rev. 09/04)
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 10/04/2004

Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Kevin L. Russell	(Depositor's name)
	
(Signature)	
October 20 2004	
(D)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/753,047 12/29/2000 V. S. Somayazulu TAL:7146.092 9302

TITLE OF INVENTION: FAST TRANSFORM SYSTEM FOR AN EXTENDED DATA RATE WLAN SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1370 \$300 \$1670 01/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TSE, YOUNG TOI 2637 375-343000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. CHERNOFF, VILHAUER,
McCLUNG & STENZEL, LLP
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sharp Laboratories of America, Inc.

5750 N.W. Pacific Rim Blvd.
Camas, WA 98607

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies two

A check in the amount of the fee(s) is enclosed.

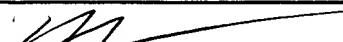
Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any additional fee(s) or credit any overpayment Deposit Account Number 03-1550 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

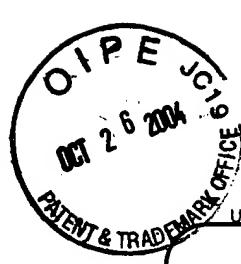
Date October 20 2004

Typed or printed name Kevin L. Russell

Registration No. 38,292

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/753,047
		Filing Date	December 29, 2000
		First Named Inventor	Somayazulu
		Art Unit	2637
		Examiner Name	Tse, Young Toi
Total Number of Pages in This Submission		Attorney Docket Number	7146.0092

ENCLOSURES (Check all that apply)

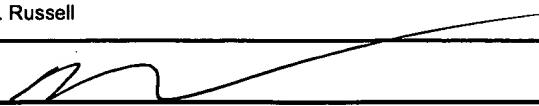
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee and postcard
<input type="text"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kevin L. Russell, Reg. No. 38,292
Signature	
Date	October 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kevin L. Russell	
Signature		
	Date	October 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2004 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,676.00		Complete if Known	
		Application Number 09/753,047	
		Filing Date December 29, 2000	
		First Named Inventor Somayazulu	
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<input type="checkbox"/> Art Unit 2637			
Attorney Docket Number 7146.0092			

METHOD OF PAYMENT (check all that apply)		FEES CALCULATION (Continued)																																																																																																																																																															
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 03-1550 Deposit Account Name: Chernoff Vilhauer McClung & Stenzel The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2542</td> <td>55</td> <td>Petition to revive - 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SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Kevin L. Russell	Registration No. (Attorney/Agent)	38,292	Telephone (503) 227-5631
Signature	<i>KL Russell</i>		Date	October 20 2004

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FEE TRANSMITTAL For FY 2004

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		7146.0092		

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (Continued)																																																																																																																																	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code (\$)</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2542</td><td>55</td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="2">Other fee (specify)</td><td colspan="2">Issue Fee/publication/copies fees</td></tr> <tr> <td colspan="2">*Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) (\$ 1,676.00)</td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	420	2252	210	1253	950	2253	475	1254	1,480	2254	740	1255	2,010	2255	1,005	1401	330	2401	165	1402	330	2402	165	1403	290	2403	145	1451	1,510	1451	1,510	1452	110	2542	55	1453	1,330	2453	665	1501	1,330	2501	665	1502	480	2502	240	1503	640	2503	320	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	770	2809	385	1810	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify)		Issue Fee/publication/copies fees		*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 1,676.00)	
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The Director Is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																			
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<small>**or number previously paid, if greater; For Reissues, see above.</small>																																																																																																																																			

SUBMITTED BY			(Complete if applicable)	
Name (Print/Type)	Kevin L. Russell	Registration No. (Attorney/Agent)	38,292	Telephone (503) 227-5631
Signature			Date	October 26, 2004

WARNING: Information On this form may become public. Credit Card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.